

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/594591

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9	1					
10		1				
11		2				
12		①				
13		①				
14		①				
15		①				
16		①				
17	1					
18		1				
19		2				
20		①				
21		①				
22		①				
23		①				
24		①				
25			1			
26				1		
27				1		
28				1		
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42			1	1		
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44				1		
45				1		
46				1		
47				1		
48				1		
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	24	←	21	←		←
TOTAL CLAIMS	27		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						